

LD50000000863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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D. BRUCE

FEB 02 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2011

ALEXANDRA TAYLOR MD
4025 NW 105 AVE
CORAL SPRINGS, FL 33065

SUBJECT: KEY RESOURCES LLC
Ref. Number: L05000000863

We have received your document for KEY RESOURCES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00001687

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11 FEB - 1 AM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Resources, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Taylor MD
Name of Person

Key Resources PL
Firm/Company

4025 NW 105 Ave
Address

Coral Springs, FL
City/State and Zip Code

moonbays2@gmail.com
E-mail address: (to be used for future annual report notification)

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11 FEB - 1 AM '09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alexandra Taylor MD at (954) 600-3605
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Key Resources LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/3/05 and assigned
Florida document number L05000000863

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Key Resources, PL (Professional Limited Liability
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C." company)

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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11 FEB - 1 AM '05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alexandra Taylor MD

New Registered Office Address:

5944 Coral Ridge Dr. # 135
Enter Florida street address
Coral Springs, Florida 33076
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

- MGR = Manager
- MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	William R. Blakely	4025 NW 105 th Ave Coral Springs FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alexandra Taylor MD	5944 Coral Ridge Dr. #135 Coral Springs FL 33026	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <i>correct the address please</i>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

purpose of business: medical practice

Dated

1/11/11

Signature of a member or authorized representative of a member

Alexandra Taylor MD

Typed or printed name of signee

FILED
11 FEB -1 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA